

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) ETH5110USNP [14619]
In re Application of Frank Richard Cichocki, Jr.		
Application Number 10/727,367		Filed 2003-12-04
For ACTIVE SUTURE FOR THE DELIVERY OF THERAPEUTIC FLUIDS		
Group Art Unit 3731	Examiner Lang, Amy T.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ \_\_\_\_\_  
☒ Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) \$ 450.00  
☐ Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) \$ \_\_\_\_\_  
☐ Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) \$ \_\_\_\_\_  
☐ Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) \$ \_\_\_\_\_
- ☐ Applicant claims small entity status.  
☐ A check to cover the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record.  
☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 33020.

  
\_\_\_\_\_  
Signature

April 29, 2008  
\_\_\_\_\_  
Date

Michael J. Mlotkowski, Reg. No. 33,020  
\_\_\_\_\_  
Typed or printed name

(703) 584-3275  
\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.